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CONFIRMATION NO. 4606

SERIAL NUMBER 09/919,202	FILING OR 371(c) DATE 07/31/2001 RULE	CLASS 606	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 1-15207
<b>APPLICANTS</b> James J. Huttner, Sylvania, OH;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/221,906 07/31/2000 and claims benefit of 60/259,788 01/04/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/08/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 53
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 6
<b>ADDRESS</b> Donald A. Schurr Marshall & Melhorn, LLC 8th Floor Four SeaGate Toledo , OH 43604				
<b>TITLE</b> METHOD FOR CONTROLLING THE PAIN FROM INJECTIONS OR MINOR SURGICAL PROCEDURES AND APPARATUS FOR USE THEREWITH				
FILING FEE RECEIVED 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		